

Bill Wilson

&

The Vitamin B-3 Therapy

1965 - 1971

A COMMUNICATION TO A.A.'s PHYSICIANS

From Bill W.

December, 1965

THE VITAMIN B-3 THERAPY:

A Promising Treatment for Schizophrenia

and its high relevance to the field
of alcoholism.

for Chris R.
Thanks for your
Patronage,
SERVUS,
Charles Bishop Jr.
6-12-1993

C O N T E N T S

	<u>Page</u>
INTRODUCTION	1
THE SASKATCHEWAN RESEARCHERS	3
THE SASKATCHEWAN FINDINGS	3
DR. HOFFER'S ENDORSEMENT OF NIACIN/NICOTINAMIDE AS SAFE UNDER ALL CONDITIONS	4
TWO TESTS FOR RECOGNIZING SCHIZOPHRENIA	4
CATEGORIES OF SCHIZOPHRENIA	8
CASE HISTORIES	9
SCHIZOPHRENICS ANONYMOUS	16
OTHER USES OF MASSIVE VITAMIN B-3	18
VITAMIN B-3: ITS TONIC PROPERTIES	19
APPENDIX I: PHYSICAL TREATMENT AND PSYCHIATRIC APPROACH	21
APPENDIX II: BIBLIOGRAPHY	27
APPENDIX III: WHOLESALERS, NIACIN AND NICOTINAMIDE	28

I N T R O D U C T I O N

1.

Dear Physicians of A.A.:

With ever mounting interest, I have long been watching a research into schizophrenia, the world's largest mental illness. This project has been spear-headed by two of my close medical friends and has been in progress for over ten years. The results are now so impressive that I can do no less than acquaint you with them.

In this presentation, special emphasis will be placed upon the recently emerged fact that schizophrenia, or a schizo tendency, is often the principal cause of many of the emotional troubles that beset us alcoholics, both before and after sobriety.

This state of affairs, to which something like one-third of all alcoholics now appear to be more or less subject, goes far to explain many of A.A.'s failures; also many of our "slippees" and so-called "unhappy sobriety" people. These classes of cases are seldom acute situations. For the most part they are individuals having "schizophrenic tendencies" -- a condition that heretofore went largely undiagnosed.

As the forthcoming story unfolds, it will be seen that there now exists a simple remedy for the greater part of these conditions; a remedy easily administered by any doctor and capable of promptly clearing up much of this variety of emotional misery. Hence the particular relevance of this new information to most A.A. physicians.

To place this recent unfoldment in clear perspective, it will first be desirable to supply you with the background picture of the ten-year research from which it evolved -- a research that first started with extremely serious cases, but which now reveals a very large incidence of the milder, yet often troublesome situations.

* * * * *

Hard evidence has long since been under accumulation that schizophrenia and schizophrenic tendencies are primarily organic in origin. A toxin (or toxins) generated by malfunction of the adrenalin-adrenochrome metabolism, appears to be the primary cause. In varying degrees these toxins affect brain functioning, especially in the areas of perception, thus producing the characteristic neurotic or psychotic manifestations of the illness.

Fortunately a powerful counteractive to schizophrenia and to schizo tendencies has been discovered in massive vitamin B-3 -- niacin and/or nicotinamide. When given in doses of three grams, and sometimes more daily, the effect of B-3 is very considerable on longstanding mental hospital patients. And upon cases of lesser severity, the effect is very frequently brilliant and definitely curative. The idea of treating with niacin was originally derived from its successful use in the pellagra psychosis.

More recently devised urine and psychological tests are now disclosing the presence of the schizophrenia toxin in a vast number of cases hitherto undiagnosed, thus raising the probable incidence of the malady to several times the one percent usually estimated for the total world population.

Since massive vitamin B-3 appears to be immensely effective upon milder and previously undiagnosed cases of schizophrenia or tendencies thereto, the B-3 therapy should rapidly become the concern of nearly all physicians -- especially the general practitioners.

To us of A.A., this new and wider view appears to have a very special significance. For example, it is now statistically established that approximately one-third* of all hospital admissions for alcoholism are more or less bedeviled by schizophrenia and especially by schizophrenic tendencies. What have often been regarded as ordinary varieties of neuroses are now seen as cases whose emotional difficulties are greatly aggravated by the longtime presence of the schizo toxin -- even though the quantity be minute.

Since the vitamin B-3 therapy evidently has no contraindications of any kind, and because of its many favorable effects on the general health of persons in middle or late life, the material can be freely given to everyone suffering compulsive or unexplained emotional difficulties. Among this very large class, those who have schizoid tendencies will usually respond remarkably well. Many chronic sufferers are often relieved in a matter of months, simply by giving them three grams daily of niacin or nicotinamide.

This I have directly witnessed over the past year or so in a group of thirty of my friends, mostly A.A.'s. Practically all of these have benefited in respect of general health. Significantly, however, ten of this group have been promptly and radically relieved of severe and longstanding emotional difficulties, seemingly due to schizo tendencies or possibly other pathological adrenalin conditions which B-3 can also normalize.

However, the bulk of this presentation is a pure reporting job, in which I shall merely paraphrase or directly quote my two medical friends, respecting their concepts, activities, and results attained to date. Because of the small compass of this brochure extensive scientific documentation cannot well be included.

We may be witnessing a remarkable breakthrough in the field of mental health; and also one of great relevance to all who are suffering alcoholism or its sometimes "unhappy" aftermath. Therefore, it is to be hoped that in coming pages you who are A.A. physicians will find something for your high interest and direct participation.

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Below will be seen references to several comprehensive books by Hoffer and Osmond respecting the B-3 therapy; also independent confirmation by Altschule of the urine test:

1. "Nicotinic Acid and/or Nicotinamide for Treating Schizophrenia" (a compilation of Saskatchewan research information by A. Hoffer, University Hospital-Saskatoon, Sask., Canada - 1965)

2. "Niacin Therapy in Psychiatry" - A. Hoffer - 1962, Chas. Thomas Publ., Springfield, Ill.

* Further on, please see discussion of this statistic.

3. "The Chemical Basis of Clinical Psychiatry" - Hoffer and Osmond, Chas. Thomas, Springfield, Ill. - 1960
4. "How To Live with Schizophrenia" - Hoffer and Osmond, University Books, New Hyde Park, N.Y. (to be published January, 1966)
5. "Problems in the Measurement of Adrenochrome" - Mark Altschule - (Harvard University) NATO Conference, Norway - 1965

THE SASKATCHEWAN RESEARCHERS

Let me next more fully introduce our medical friends: Abram Hoffer, Ph. D., M.D. and Dr. Humphry Osmond, MRCS, LRCP, DPM. Professor Hoffer is Director of Psychiatric Research, in the Department of Public Health, University Hospital, Saskatoon, Sask., Canada. Dr. Osmond, formerly Chief at the Weyburn Mental Hospital in Saskatchewan, is now the Director, Bureau of Research in Neurology and Psychiatry -- an agency of the State of New Jersey (Box 1000, Princeton, N.J.).

Dr. Osmond is a psychiatrist and so is Dr. Hoffer. Dr. Hoffer is also an outstanding biochemist and Dr. Osmond is highly knowledgeable upon this subject. For years both physicians have worked with A.A., for which they have a warm and unusual understanding.

For more than a decade their research effort has been chiefly centered upon the adrenals and the adrenalin metabolism -- this to determine what effect over-function, underfunction or malfunction, might have upon abnormal emotional or mental states -- namely the neuroses and psychoses.

THE SASKATCHEWAN FINDINGS

Together with their several colleagues and certain independent investigators, these men have come up with some remarkable disclosures. Briefly capsuled their concepts and discoveries (as described by them) are as follows:

1. Schizophrenia -- together with its many neurotic and psychotic manifestations -- is primarily organic in origin; the malady being mainly caused by a toxic substance (or substances) resulting from a malfunction in the adrenalin-adrenochrome metabolism. In various degrees, ranging from mild to shattering, the schizophrenia poisoning interferes with normal brain function. It does not allow the brain to properly evaluate the information given to it by the senses. It also seems highly probable that this organic condition is genetic.*

2. Vitamin B-3 (niacin or nicotinamide) given continuously and in massive doses of three grams or more daily, is a highly effective counteractive to the schizophrenia toxin.

3. Massive doses of niacin or nicotinamide -- though constantly given for many years -- have never yet produced any harmful side effects. There appear to be no contraindications.

* Ernst Mayr - (Harvard University); also F. Kallman.

Dr. Hoffer has recently amplified this statement:

"Dear Mr. W _____:

Agreeable to your request, I will comment on the massive use of niacin and nicotinamide as follows:

I have personally administered large amounts, three or more grams daily, of these vitamins to large numbers of schizophrenic patients under my charge; this over a period of many years, most of them since remaining permanently on these materials.

During the course of this work, certain other benefits have resulted for these and for other people; arthritic conditions have been helped, circulation improved, blood cholesterol lowered, memory and energy improved -- to mention a few.

Quite contrary to some still prevalent impressions, neither massive niacin nor nicotinamide appear to have any damaging side effects whatever. Many years of experience have fully demonstrated this to me.

Therefore you may recommend these materials freely to anyone. There are no contraindications regardless of the condition of patients, and no interference with any other medical treatment they may be taking. You may use my name in so stating.

No U.S. or Canadian prescription is required for the 500 mg. tablets. To people who flush excessively from three gram doses of niacin, I suggest they switch to nicotinamide. All who first take niacin should start with small doses so that the degree of probable flushing on large amounts can be ascertained.

Even though flushing is extremely heavy, it is not in my belief at all harmful, regardless of other complications.

Please feel free to use this letter wherever it may be helpful.

Sincerely yours,

Abram Hoffer, Ph.D., M.D."

4. In recent years two tests for schizophrenia or schizophrenic tendencies have been devised:

A. The Urine Test: This method is capable of revealing schizo poisoning in some 75% of all cases.

(While information respecting the character of this test is available through Dr. Hoffer, he strongly recommends that specially interested chemists visit his Saskatchewan laboratory for briefing on correct procedures.)

B. The Psychological or "Experiential World Inventory Test": This consists of a rather extensive questionnaire requiring only simple "yes or no" answers. In schizophrenia, no matter what the neurotic or psychotic manifestations, there are always characteristic deformities of the perceptions -- seeing, hearing, tasting, smelling, feeling, sense of time elapsed, and so forth. These deformities range from very great to very small.

A chief merit of the E.W.I. psychological examination is that it can reveal typically schizophrenic departures from normal perception in large numbers of cases never before so diagnosed. This is because the lesser aberrations characterizing schizophrenia or tendencies thereto had not before been visible, even to experts. In addition, the E.W.I. test can often be confirmed by the urine test.

(Though analysis of the E.W.I. questionnaire is not too difficult, Dr. Osmond recommends for best results that interested technicians should first visit his psychologist at Princeton.)

Separately, or in conjunction, several thousands of these two tests have already been given. Furnished by Dr. Hoffer, here follow a few typical showings:

- (a) A cross section of 1500 Saskatchewan high school students who took psychological tests from which the E.W.I. was derived revealed that 150 (or 10%) of them had schizo tendencies in various degrees. Quite possibly this statistic will open up a wide field to preventive medicine in the form of vitamin B-3. (Further details obtainable from Dr. Hoffer.)
- (b) Of 50 retarded school children, 25 showed marked tendencies to schizophrenia. When placed on niacin, twenty of this group showed excellent progress, fifteen of them being now completely well and the remainder nearly so.
- (c) A similar test on 50 juvenile delinquents disclosed them as 35% schizoid. Naturally some refused the B-3 therapy. But in cases where niacin could be continually given, the delinquency was overcome in periods ranging from one month to three years.
- (d) Before these chemical and psychological tests became available, few alcoholics had been regarded as schizophrenic. Nevertheless, some two hundred alcoholics admitted to the Saskatchewan Hospital over the past two years have been tested, frequently by both methods. Of these particular admissions, 33 per cent were found in varying degrees to have schizo tendencies.

Whenever placed on vitamin B-3, members of this group made great gains in emotional stability -- a process that continued after leaving the hospital, provided they remained on niacin or nicotinamide. Many who had formerly been A.A. or psychiatric failures were thus enabled to maintain sobriety in A.A.

(Dr. Hoffer will gladly supply additional information.)

* The original, but more limited test, was called "HOD."

Dr. Osmond has recently tested 27 alcoholics admitted to his New Jersey Facility, using the E.W.I. method only. Again the percentage was the same as in Saskatchewan; nine of these 27 alcoholics tested schizoid.

The immense relevance of all of this to A.A. and to alcoholics in general thus becomes obvious. (I now paraphrase Drs. Hoffer and Osmond):

There is little doubt that any physician who deals with alcoholics can readily demonstrate these claims by merely placing a sizable cross section of alcoholics on vitamin B-3; also by routinely starting every alcoholic admitted to hospital treatment on niacin or nicotinamide -- three grams daily. Then, too, a cross section of sober alcoholics, such as were just described in the Introduction, might also be tried; almost certainly with favorable results.

Actually no prediagnosis by urine or psychological tests will necessarily be needed for these milder situations. It's just a matter of placing everyone with emotional difficulties on niacin and then observing what happens. The only practical difficulty will be to persuade people to stay on the vitamin for extended periods.

* * * *

Since neither the chemical or psychological tests are yet available for general use, and because the validity of this discussion thus far has largely depended upon the concept that schizophrenia is organic in nature, that the tests confirm this, and that the tests are reliable indicators of this condition; it seems apropos to next present additional evidence, showing why Drs. Hoffer, Osmond and their colleagues have arrived at these conclusions.

FURTHER EVIDENCE

One of the early indications that schizophrenia is organic arose from an astonishing occurrence. Some ten years ago a business man suffering severely from asthma entered a country drugstore and asked for adrenalin. He was given medication that had been on the shelf for years and had developed a blood red color. On taking this material, the subject became psychotic for several days. When he reported this incident in detail to Drs. Hoffer and Osmond, they saw this episode to be typically schizophrenic in character.

Of course this squarely posed the question: "Why did the stale adrenalin produce an artificial schizophrenia?" Naturally this experience suggested possible defects in the adrenalin metabolism.

After a great deal of work in subsequent years, some of it done by independent investigators, two toxins (adrenochrome and taraxein) were isolated from acute schizophrenics. Either of these, when injected into normal persons, causes them to become temporarily schizo. This was the phenomenon that lead to the development of the urine test.

The validity of the urine test is further confirmed by the fact that when patients are placed for a time on niacin the urine clears, the patients improve and many get well. When niacin is withheld for considerable periods, the urine test again becomes positive and the patients suffer setbacks.

Later on much the same kind of thing happened when the HOD or E.W.I. psychological tests were given. On their first tests, schizophrenics would show greater or lesser degrees of illnesses -- according to their several answers to the questions. When such cases were then placed on niacin and the HOD or E.W.I. test was later repeated, their answers became increasingly normal. In those who fully got well, the answers became very close to average. This process also worked in reverse. When niacin was withheld the answers again became abnormal.

Here is a partial but striking illustration of this taken from a letter written Dr. Hoffer by the parent of a schizophrenic son:

"K' has regularly taken three grams of niacin since August 30. On that day he answered the questionnaire. The results of this first psychological test were actually shocking. We had not realized how sick he was. As you can see from the enclosed 'scores' the total aberrations went down amazingly in only two weeks. On September 28, he took a third test, again with still more normal scores.

"Meanwhile, he improved so rapidly, we couldn't believe it. He became more communicative; talked about his illness, and was able to study rather than looking at the wall."

* * * * *

The psychological test, properly evaluated, is evidently able to reveal schizophrenic tendencies in practically all cases. The chemical test, however, is only some 75% effective. For reasons not yet understood, certain schizos do not test positive by the chemical method. Nevertheless the urine test can very often confirm the findings of the psychological test.

In connection with the chemical method, it is notable that Harvard's Dr. Mark D. Altschule has independently confirmed the Saskatchewan findings, and has published papers to this effect. (See Altschule in Bibliography)

At the recent 1965 NATO Conference on Biochemistry and Mental Disease, where Dr. Hoffer read an extensive paper, there was widespread acceptance of the proposition that schizophrenia is essentially a biochemical illness with grave psychological and social consequences. In addition, the Saskatchewan adrenochrome work received on this occasion much additional support from Professor Altschule of Harvard and Professor Walaas of the University of Oslo.

Of course the foregoing are but a few significant comments upon the now well-documented evidence that schizophrenia is organic; that B-3 is an effective counteractive to the toxin, and that the chemical and psychological tests are excellent indicators of the presence of the malady. (Further information will be gladly supplied by Dr. Hoffer, University Hospital, Saskatoon, Sask., Canada, where this work still chiefly centers.)

Relative to these just described developments, it is noteworthy that Dr. Sigmund Freud years ago took the view that psychoanalysis was virtually useless and should not be used upon schizophrenics. Writing to a friend, he made the following prophetic statement: "Watch those schizophrenics. Some day an injection will be discovered that will make them as rare as America's Red Indians."

CATEGORIES OF SCHIZOPHRENIA

Let us next take a look at the several categories into which this malady falls, and at the prognosis of each where B-3 is used as a basic treatment. Dr. Hoffer supplies the following information:

1. Mental Hospital Cases Long Confined. These are the gravely insane and may manifest almost any psychosis. In this particular respect, they often resemble many non-schizoid patients.

However, schizophrenics of this variety may be readily distinguished by their characteristic perceptual difficulties in respect of hearing, seeing, feeling, tasting, smelling and in the sense of the passage of time. Patients may manifest one or several, of these perceptual defects. Hence the view that schizophrenia is chiefly characterized by diseased perceptions -- toxin induced.

For these very longstanding chronics*, extensive niacin therapy -- three to nine grams daily -- is required, often for several years. In most instances, this can be profitably supplemented by ECT, tranquilizers, plus suitable psychiatric and institutional attention.

Even in such grim situations, favorable results and almost full recoveries are sometimes obtainable. For example, Dr. Hoffer recently cited thirty-two cases that had been under his observation for ten years. In nineteen of these, their therapists would not permit the niacin treatment and they are all worse than ever. The thirteen under Dr. Hoffer's direction, all of whom were treated by the B-3 therapy, have long since returned to the community and all are today (1965) employed and well. (For complete information on this phase of the Saskatchewan pioneering, please also see Dr. Hoffer's "Niacin Treatment for Schizophrenia.")

In addition, it should be here noted that the more severe and long-standing the chronic and acute stages, the longer will be the necessary treatment. A fearsome night of acute schizophrenia often results in extensive emotional maladjustment, even though B-3 may have pretty well eradicated the toxin itself.

2. Longtime Chronics Having Only Occasional Psychotic Episodes: Here the prognosis is much more promising, about 80%** of such cases are now able to make full recovery in a matter of two or three years, provided they continue on three grams daily of niacin and have suitable supportive care.

* See appendix - Hoffer treatment directions for severe cases.

** Based on a group of 104 cases treated since 1954 -- 85 of these are well and now usefully employed.)

In this latter connection, it should be said that the relatively new society of Schizophrenics Anonymous has already shown itself effective as a supportive therapy. This growing treatment facility will be described further on.

Below Dr. Hoffer cites three typical cases in this particular chronic class:

Case "A" -- Mrs. M. P.

"I first saw her as a young girl at the Munroe Wing at age 17 in 1950. She was a very shy, seclusive dark brunette who refused to look anyone in the eye. After many weeks of psychotherapy, she was no better and was discharged.

"In 1955, she discovered that when she became drunk she no longer heard voices. She preferred to be drunk and not hear voices than to being sober with these auditory hallucinations. Until 1964, she was one of the worst alcoholics in the area. She married, had two children, was then separated from her husband, became promiscuous, etc.

"In 1964, a friend persuaded her to join A.A.

"She did very well for one month, when her voices returned. She found them so terrifying she then came to see me for treatment. I advised her to start taking nicotinic acid, three grams each day. She agreed to this program. But the tension and her hallucinations were so bad she was forced to drink again, which she did for one month. During this month, she nevertheless took nicotinic acid regularly.

"She then joined A.A. once more and has done very well ever since. She now knows that if she continues nicotinic acid, she will remain free of the voices, and will not have to drink to control them. She is also a member of Schizophrenics Anonymous."

Case "B" -- Mr. R. B.

"First seen in 1953, he was committed to a mental hospital because he was schizophrenic. After discharge, he became a severe alcoholic. In 1960, he joined A.A. and felt wonderful for a long time. But in 1962, he sought my help. He was desperately tense, full of fears and terrified he would be forced to turn to alcohol again. I started him on nicotinic acid and in one month his acute tension moderated and in a few months more his fears had left him. He is still a member of A.A., and today seems quite normal. He, too, is a member of 'S.A.'"

Case "C"

"This is a man who had been a member of A.A. He was a very severe alcoholic. After some months in A.A. he became irritable and depressed. He complained continually of severe backache, could not lift boxes, and became a great nuisance to his employer and to the Workman's Compensation Board. He withdrew from his friends, became seclusive and paranoid,

and seldom attended A.A. His friends were most concerned, and brought him to see me four years ago.

"I started him on nicotinic acid, and after a few months he recovered completely. He lost all his complaints, became very active in A.A. and has been well ever since."

3. Cases Discovered During First Serious Illness: Here the prognosis is excellent. About 90% should show rapid progress to health -- simply on three grams of niacin -- this with a minimum of supplementary treatment or supportive care. In this category, recovery can frequently be completed in a relatively short period -- a matter of a few months.

As examples, here are two condensed histories:

Case "A": The son of a California dentist.

The father wrote Dr. Hoffer as follows:

"Dear Dr. Hoffer:

I have never given you a resume of Rob's history and will do so now. Rob has always done about average work in school. He didn't establish many friends. He was always starting projects and then dropping them, such as Boy Scouts.

During Rob's sophomore year in High School, he couldn't concentrate on his studies. Finally he refused to go to school, and talked strangely. We tried one psychiatrist and then another. Rob did not improve, but regressed. We were referred to still another physician who used drugs, and these made Rob extremely agitated and hard to manage. We then took Rob to a certain California university that featured group therapy. Rob was there six weeks and made no progress.

Then I started to research the University's library for all information pertaining to Rob's condition. I ran across your articles with Osmond. Once I decided to follow your technique I looked you up in the indexes, getting all your articles, reading and digesting them. Your niacin approach seemed to make great sense.

My wife and I then talked this over with Dr. X at the University Hospital. His words were, 'This is foolishness. For an old person, where you don't care about his brains, it might be all right. But for a young boy, it would burn him out or scramble his brains.' He said it would be detrimental to Rob's health to give him more than 100 mgs. per day of nicotinamide.

I said I was willing to take the responsibility for giving Rob 3,000 mgs. per day. He refused to cooperate and said he would dismiss Rob from the Hospital, if I insisted on such a treatment.

So I decided to do something anyway, and saw Rob every day for three weeks, getting him to take two nicotinamide 500 mg. tablets three times each day.

I might add that by then Rob had seen all the psychiatrists at the University and every one of them felt he was a case of schizophrenia that would be in an institution all his life. They gave us absolutely no hope.

After a few weeks of nicotinamide, Rob did improve to the point where he wanted to come home, and we had to remove him against the wishes of the hospital.

Continuing the same B-3 treatment, Rob began to receive help in his studies at home. Then he began school and finished that year of school with all A's and B's, after being out over two months.

Soon after going back to school he took a national scholastic test and received a score of approximately 550 -- an average student. He was still a rather sick boy at this time. But later on, when he began to feel excellent, he took the test a second time and scored 710. This was extremely high for anyone. I can get the exact name and dates of the test also the exact scores if you are interested.

My wife then convinced me, after four months of good health for Rob, that taking pills all his life was not wise. So the nicotinamide therapy was discontinued for the time being. About Thanksgiving, we began to see the same characteristics we had observed the previous year. This was when I first contacted you. You sent your written tests, which we still have. They showed that he was again a sick boy. You recommended we try nicotinamide once more. During the Christmas holidays Rob was still rather sick. Though he had not been absent from school, he was having a difficult time. But after a while he again became perfectly well. Naturally he has been on nicotinamide at all times since.

Rob finished high school with all A's in the second semester, sold Fuller brushes in the following summer, saving \$450.

He then selected Raymond College, the school he wished to attend. There they complete a degree in three years by an accelerated course. He has now finished two semesters and is starting his third. He feels his health is excellent. His actions are far more congenial, he is now happier and much easier to be around. You can bet that he is remaining on nicotinamide.

Thank you again for your wonderful help.

Sincerely yours,

R.E.C. -- D.D.S., M.S."

Case "B": Letter from Mrs. S.C., Recovery of a Schizophrenic Son.

"Dear Dr. Hoffer:

Last spring I wrote you at the suggestion of 'Mrs. V.' with whom I had been in correspondence regarding the niacin treatment for our 17-year-old schizophrenic son, Kevin.

I attempted to start Kevin on the B-3 treatment, but my efforts were thwarted. Kevin had severe flushing on the first try and refused to take any more niacin. My husband would not back me up. We had been in contact with a psychologist at a nearby university who was much opposed to this treatment, though he evidently knew little or nothing about it. I couldn't surmount these difficulties at the time.

Meanwhile, at the suggestion of a psychologist, I joined group therapy sessions in order to discover how my husband and I had done all this damage to our son. Soon we were tearing at each other. Kevin was getting sicker and I even began to believe that our own happy marriage might go on the rocks.

Luckily I made the trip alone to California, to visit our daughter. Something impelled me to call Mrs. V -- the mother of one of your successful patients -- and I told her on the phone I didn't think we would try the niacin because we were a sick family and had obviously caused Kevin's mental state. I will never forget her words to me. She said, 'Oh my dear, don't go down that path.' Then I learned how she had been through all this, and much worse. We next visited the 'V's in their home. It was a never-to-be-forgotten experience. Meeting her daughter, Kay, and learning what she had gone through with schizophrenia and seeing how well she is now, will live long in my memory.

Of course this visit sold me on your treatment without any qualifications.

Treatment was again started in August 1965 and since then Kevin has regularly taken 1,000 mg. of niacin, three times a day. He takes no other medication except 1,000 mg. of ascorbic acid. He seemed to improve so rapidly that we could hardly believe it. He started reading and studying again, instead of staring at the wall for hours at a time, was able to do chores around the house, became less irritable and continues to improve.

Not only has Kevin begun to improve, but our family relationships also. Love and harmony prevail rather than discord and rancor. We have much to be grateful for.

Many, many thanks to you, Dr. Hoffer, and our best wishes for success in your great work."

4. Schizo Tendencies as First Revealed by Urine and E.W.I. Tests.

For this class of cases, the prognosis is extremely bright.

Most nonalcoholics can be promptly relieved of their several emotional difficulties and the same goes for alcoholics. Of particular interest to us is the fact that many very serious drinkers who had failed to sober in A.A. now succeed with our program when placed on B-3.

The following cases cited by Dr. Hoffer, whose schizo troubles were revealed by tests, illustrate this:

Case "A" -- Mr. K.D. -- Age 24

Was first admitted to hospital April, 1959 for acute alcoholism. He had started drinking at the age of 13. After discharge he remained sober about six months. He then drank very heavily for eight months. During this time he was arrested for writing bad checks and placed on bond to keep the peace. He was hospitalized again in 1962, 1963 and in 1964 was tested for malvaria and found to be mauve positive. He was started on nicotinic acid -- three grams per day -- and when discharged a week later, was well. He joined A.A. on discharge and one year later is still doing well and has not had a drink since his last discharge.

Case "B" -- Mr. C.A. -- Age 40

Alcoholic from age 17 - long history of arrests, theft, prisons. He became a skid row alcoholic. First admitted as alcoholic-epileptic. Tested mauve positive. January 1963 started on three grams per day and his anticonvulsant medication was adjusted downward since nicotinic acid reduces the requirement for anticonvulsants in epileptics. He was discharged three weeks after admission, much improved mentally and having had no more convulsions. He continued to take the vitamin regularly until the summer of 1964 when in Edmonton a physician advised him to discontinue it, since these doses were toxic (this is one of the misconceptions about nicotinic acid held by a few physicians). After a few weeks he began to have convulsions again and when he returned to me in December 1964 his paranoid reactions had begun to come back. He was again started on the vitamin which he still takes. He is currently getting on in the community better than at any period in his life.

Case "C" -- Mr. L.H. -- Age 28

Was first seen October 1964 for alcoholism. His psychiatric history went back twelve years and he had been treated in Denver, Weyburn, Regina, Moosejaw and North Battleford. Although no perceptual changes were evident there were slight changes in thought and he was irritable and tense...so I noted to check him for schizophrenia. He had "malvaria" and also scored very high on the "HOD". He was started on nicotinic acid but was readmitted January 27, 1965 because he remained irritable, depressed and required intensive psychotherapy and rehabilitation. He was discharged June 16, 1965. He continues to improve steadily and his prognosis seems good for the first time in many years. He still takes vitamin regularly and is "mauve negative." (Meaning non-toxic)

Case "D" -- Mr. B.B.

Was sent to me for psychiatric examination by the court after shooting at his wife while drunk. He had been alcoholic for eight years. At examination there were no perceptual changes, no changes in thought but was depressed. He admitted he was paranoid when drunk. He was diagnosed alcoholic, but was tested and was malvarian and scored high on HOD. He was started on nicotinic acid, three grams a day, and Temposil, 50 mg.

twice a day. Within one day his confusion cleared and remained normal the four months while awaiting his trial. During this period he had become more mature, was promoted in his job and is realistically hopeful of re-establishing his family. When the subject came to trial the case was dismissed after the psychiatric report of the illness and his recovery was made to the judge.

Case "E" -- Mr. D.A. -- Age 48

Began to drink heavily at the age of 13 and by 23 was first jailed, but continued to drink and was in and out of prison for various offences. He was first treated for alcoholism in a mental hospital in 1951. Some sobriety followed and then a long period of attempting A.A., first for three years, then two, then shorter and shorter periods of sobriety. By 1963 he had been treated twice in a mental hospital after excessive intoxication. In May 1963 he was referred to me. I put him on nicotinic acid after a positive mauve factor was found. He did not take it regularly and continued drinking. In August of 1963 he was sentenced to jail for three charges of false pretense. After this he took nicotinic acid, three grams per day, regularly and remained sober for one year. He had one lapse, was admitted for three days; again started on his nicotinic acid and has stayed on it since. He is now employed as an accountant and has remained sober ever since. He is slowly improving his relationship with his wife and the prognosis seems very promising.

This general area of treatment opportunity should appeal to many A.A. doctors, also to physicians and attendants at drying out facilities where the case load of repeaters is considerable. Cases milder than those given above respond even more quickly and emphatically.

As previously pointed out, no prediagnosis by the tests is really necessary in cases of this class. These emotionally upset patients need only be placed on niacin or nicotinamide and given every encouragement to continue the therapy. This can be said confidently because considerable experience already suggests that the results of so doing will speak for themselves.

5. Schizo Tendencies as Revealed by Placing a Sizable Cross Section of Individuals Having Emotional Problems on Niacin or Nicotinamide. In this connection, may I again refer to those thirty friends of mine -- already mentioned -- who have taken massive niacin or nicotinamide for periods ranging from three months to a year or more.

It will be recalled that ten of these thirty cases showed prompt and usually spectacular recovery from sometimes long-standing depression, exhaustion, heavy tension and even troublesome paranoid behavior.

Let me cite below five cases belonging to this particular group:

Case "A": Woman, 60, sober in A.A. twenty years, a longtime chronic depressive. Her condition was steadily growing worse, despite the ardent practice of the A.A. program and extensive psychotherapy.

Six months ago in despair she tried nicotinamide. The severe depression left her in two weeks. This was accompanied by mounting energy and enthusiasm. (She had never been at all manic.)

She recently reported that she was hard at work, and could not remember being happier. (As of Dec. 1/65)

Case "B": Housewife, good A.A. member for 18 years. Two years ago, because of an environmental change (for the worse, she thought) in her life, she became chronically and sometimes acutely depressed.

Six months ago she started on niacin in small doses, with very little result. Then she tried three grams daily.

A month later, she wrote: "Am now thirty days on niacin -- three grams. My response is extremely good. Have had a complete face-about; no more depressions. Am working hard to harness my new energy. My husband shakes his head in amazement."

Note: Her condition has since remained excellent. (Dec. '65)

She has never been manic at any time in her history.

Case "C": Man, 63, acute tension.

This was so severe he had to wear a special undergarment to stop sweat coming through his shirt and coat. Had been completely unable to work for two years.

Observing that his wife, an A.A. member, had improved in energy and stability on nicotinamide, he decided to go on a full dose himself two months ago.

Within two weeks, the sweating and tension had entirely gone. He soon returned to his old job, one which he had never really liked. His wife continues to report that his transformation is astonishing.

Case "D": Man, 58, in A.A. for two years.

No relapse into drinking. Was, however, suicidal at times, paranoid at others; a typical chronic schizo, though undiagnosed.

Three months ago he wrote: "The psychiatrist finally put me on niacin. You have no idea how much better I am. This is the same doctor who told my wife two years ago that I ought to commit suicide."

Note: With occasional mild setbacks, this case has continued his impressive over-all improvement.

Case "E": Marked paranoia, nonalcoholic.

A friend of mine reports on one of his employees as follows:
"A 35-year-old female who works for us has had very serious spells

of paranoia. Since taking nicotinic acid, she has leveled out her mood swings and now functions very well at her job."

Of course it should be noted that no great amount of time has yet elapsed on these particular cases. However they seem sufficiently impressive, one would think, to warrant any doctor giving the B-3 therapy a sustained workout on the majority of his emotionally disturbed people.

SCHIZOPHRENICS ANONYMOUS

This new society is still in the pioneering stage. Nevertheless, its accomplishments during the past year (1965) are noteworthy.

The first trial of "S.A." in 1964 at Ann Arbor, Michigan, turned out to be a failure. This attempt was made by a former patient of Drs. Hoffer and Osmond. He had been in a good state of recovery for some years. His S.A. group was constructed strictly along A.A. lines. However, his appeal to surrounding A.A. Groups for schizo prospects went unheeded.

He then turned to local psychiatrists and to out-patients from mental hospitals. From these sources a considerable number of referrals were made, rather severe cases on the whole. While the referring physicians were all for "group therapy" not a single one would permit the use of niacin or nicotinamide.

Regrettably, but understandably, this first "S.A." group proved to be so unstable that it simply could not function, despite all the strenuous effort that was made to hold it together. Therefore it had to be discontinued.

Nevertheless this proved a very valuable experience. The lesson seems to be "that Schizophrenics Anonymous cannot succeed without the vitamin B-3 therapy."

The next attempt was made by Dr. Hoffer at Saskatoon in January 1965. He first selected a small but hard core of recovered A.A. schizophrenic patients to insure sound group procedures. He then referred to these A.A.'s a dozen non-alcoholic outpatients, all of them, of course, being at the time on B-3.

To his surprise, these formerly "withdrawn" schizos instantly identified with each other; also with the A.A. schizos. The group was soon upon a firm and enthusiastic footing, where it has since remained. This demonstrated its supportive value, especially for the more severe cases.

Milder cases referred to the group usually identified with the more severe. However, those who were not so sick soon improved to such an extent that in a few months the greater part of them felt they no longer needed "S.A." meetings.

Nonetheless, the hard core of those still suffering the emotional hangover of chronic and acute schizophrenia, continue to report great benefits from the group life. They are eager "12th Step" workers with both fellow members and new referrals.

Dr. Hoffer feels that his sponsorship and attendance at two or three of the early meetings was of considerable importance. However, he now purposely stays

away, except when specially needed. Therefore the Saskatchewan group is virtually on its own today and is a year old.

In California, the Saskatchewan experience has been largely repeated. In this instance the group was started near Los Angeles in February 1965, by the A.A. wife of a longstanding and diagnosed schizo -- also an A.A. member.

The wife was fortunate in finding that her own psychiatrist was willing to prescribe massive vitamin B-3, and would in addition send in some referrals. For additional cases, wife and husband canvassed the nearby A.A. groups, talking mostly to "unhappy sobriety" people. Considerable numbers then began to come to the "S.A." group meetings, and many of these could identify quickly with the more serious cases. Just as with Dr. Hoffer, the milder cases in a few months went their own way, still of course continuing to take niacin.

But the group's hard core, comprising the more severe situations, nearly all of them much improved -- have stayed on and still continue to search for new prospects. This group is 11 months old.

Apparently the bond between these chronic people is very close. It was an emotional shock to the group when its first schizo member had to be hospitalized. Though this jarred the members, they came nowhere near the breaking point. Several of my Western A.A. friends, and also a well-known New York psychiatrist, have recently visited the California group and all of them report that the future prospect seems really good.

Since every new "S.A." group really needs a doctor to get it off the ground, it is to be hoped that some A.A. physicians will lend a hand when such opportunities present themselves.

Because the majority of "S.A." members in California are also A.A.'s, it is not surprising that considerable criticism broke out in the A.A. Groups themselves. However, this pretty much subsided as soon as it became perfectly clear that the S.A. members are not being drugged -- that a vitamin only was being used. Therefore it is probable that A.A., as such, will not for long be in opposition to S.A. When, besides, A.A. schizo members still on B-3 return to the fold, much improved, after contact with S.A., the resistance lessens still more.

Of course these two "S.A." groups are still experimental. Therefore premature publicity ought to be avoided.

* * * * *

I'm recently told that the general benefits of vitamin B-3 have already been discovered by many A.A.'s in the West Coast Groups -- A.A. members who would never think of joining "S.A.": (1) because they do not wish or need to be tagged as schizos, and (2) because A.A. meets all their needs, with just a strong assist from niacin.

This development does begin to suggest that niacin or nicotinamide is apt to come into very widespread use among A.A. members generally. Quite aside from any schizo implications, this has begun to happen here in New York, where I've suggested niacin to perhaps three dozen friends. Our local niacin wholesaler reports that in the past three months, his orders from individuals have been three times this number. The good word is evidently getting around.

In the end, we shall probably see the "S.A." groups specializing in only the more serious and obvious situations. Many cases of this sort will in the future doubtless be referred to S.A. by physicians and psychiatrists, as "S.A." groups grow in numbers and effectiveness.

But in many more instances -- meaning the milder situations -- physicians will merely prescribe massive B-3 as a healthful therapy, and thus avoid those horrendous terms "schizophrenic" or "having schizo tendencies" even though perhaps a third of such a cross section might well have been so diagnosed by the urine and E.W.I. tests.

Perhaps the only valid reason for telling such persons that they are "suspected schizos" would be in those cases where, feeling well again, they might abandon the use of B-3 entirely and so lay themselves open to additional trouble.

After a good recovery, the dosage can sometimes be reduced; but seldom can B-3 be wholly abandoned, as much experience has now shown.

OTHER USES FOR MASSIVE VITAMIN B-3

According to Hoffer, Osmond and other independent investigators, niacin is capable of retarding the aging process and can frequently reverse senility, especially in its early stages. Not only is nicotinic acid a valuable vasodilator, it has proven most effective in reducing blood cholesterol. If massively and persistently given, it helps nearly all cases of arthritis and, in certain rheumatoid varieties, it is definitely curative. It has demonstrated its value in certain circulation difficulties. It is also an important adjunct in the treatment of delirium tremens. In Dr. Hoffer's book "Niacin Therapy in Psychiatry" there will also be found considerable discussion of these several other properties of niacin.

In senility, for example, he cites a number of authorities and presents fifteen case histories of his own -- among which only three failed to respond. Concerning arthritis, he presents his own case histories and further refers us to Kaufman, "Common Forms of Joint Disfunction," published by E. L. Hildreth & Co., Brattleboro, Vermont. In this volume, Kaufman summarizes results on 342 patients, as of 1949. By 1955, Kaufman had treated 663 arthritics. Hoffer goes on to say "Without exception, Kaufman reports that all patients who took sufficient amounts experienced clinically significant and measurable improvement in joint mobility and function."

Personally I know of two cases of extremely severe and bedridden rheumatoid, repeatedly so diagnosed, who have been completely recovered for three years on massive niacin. One of them did relapse slightly because he thought himself cured and discontinued the niacin for two months. He quickly recovered, however, when he resumed the vitamin. Several people in my own group of friends who took niacin for its general benefits, also report the disappearance of lameness, sciatica, bursitis hangover and other aches and pains. I am one of these myself.

Please also note Dr. Hoffer's comment respecting the use of niacin in delirium tremens, wherein he cites seven cases. He also writes to me: "Niacin is much safer than tranquilizers. Perhaps you would write to Mrs. P. Donaldson-Jones, Director, Dublin Hospital, 87 Notre Dame, Alymer, Quebec, Canada. She has seen

the marked effect. After niacin was introduced into her treatment center, there was a marked decrease in mortality and morbidity, from D.T.'s. I think you should bring this to the attention of the A.A. doctors."

Dr. Hoffer also discusses the probable value of niacin for angina cases.

Concerning the prevention of coronaries, or their recurrence, an interesting project sponsored by the U.S. Department of Health is now going forward. In a recent letter, Dr. Hoffer described this as follows: "I have just heard from the National Institute of Health, Department of Health, Education and Welfare, that a cooperative study of drugs and coronary heart disease will be underway within a few months.

"The objective of the study is to take a large community, and divide it into three groups. One group will take nicotinic acid, one group will take the thyroid preparation and the last group will take nothing. These cases are to be followed many years and the number of deaths and strokes in each group will be counted. All the people to be so studied will be those who have already had coronaries. Hopefully this long-time investigation will reveal to what extent nicotinic acid may reduce coronaries." An interesting commentary: "The willingness of the U.S. Public Health Department to launch such a project well shows that the physicians concerned have no fear whatever of massive doses of niacin."

In most of the conditions enumerated above, niacin (or nicotinic acid) is preferable to nicotinamide. Nicotinamide does not reduce cholesterol, nor is it comparable to niacin as a dilator. It is, however, just as effective upon schizophrenics, who can be usually placed on a full dose, three grams daily, without risk of being discouraged by the acute flushing that sometimes follows ingestion of niacin.

VITAMIN B-3: ITS TONIC PROPERTIES

Referring still again to that group of thirty of my friends who have been on niacin or nicotinamide -- most of them four months to one year or more: We have already assessed the effect of B-3 on ten of these individuals where the recovery from severe depression, tension and paranoid tendencies has been so prompt as to suggest the presence of the schizophrenia toxin.

However, the remaining twenty individuals, myself included, have gradually received very considerable benefits from the B-3 therapy. All of us twenty can report improved energy, better concentration and memory, also much better emotional poise, as evidenced in a greater zest for living and the ability to absorb emotional shocks without any great difficulty.

Whether these good results are also attributable to the removal of schizo toxins in the above group is still an unresolved question. However, we are surely in better health. After all, that is the main thing.

A final question: "Have I observed any failure to benefit?"

Here the answer is a qualified one: I do know four individuals who, trying niacin, have experienced severe flushing. Thus frightened they discontinued the

material and even refused to try nicotinamide. One individual complained of a rather severe headache, another experienced a slight rash. Clearly these folks have never really tried the full B-3 treatment.

Very recently I have met up with one person who tried nicotinamide three grams daily for six months; there was no effect whatever, either good or bad. So far, this is the only complete treatment failure which I have personally seen in this class of cases.

CONCLUSION

Though quite non-scientific, I trust this presentation will arouse a certain amount of interest in you who are A.A. doctors; also in those many physicians and psychiatrists who work closely with our Fellowship. Enough, hopefully, to warrant giving the vitamin B-3 therapy a real tryout. Conceivably such tryouts might well eventuate in the alleviation of a great amount of emotional suffering. Should this be your experience, I would be grateful to have occasional progress reports, something that could much aid our research friends in their efforts. Your reports will of course be treated with whatever degree of confidence you may wish.

Should you find this brochure deficient in any way, suggested changes for the better will be most welcome. If further documentation is desired, I'm glad to again say that Drs. Hoffer and Osmond stand ready to supply you with it, to the best of their ability.

As you will realize, it is very important that I become in no way publicly identified with the Vitamin B therapy, or with Schizophrenics Anonymous. Hence, it is essential that this communication remain a private one -- just between us who are friends.

Ever devotedly yours,

Bill W.

P. S. Please see appendix for a bibliography, specific treatment directions, addresses of niacin wholesalers, etc.

APPENDIX 1DETAILED TREATMENT: AS PRESCRIBED BY HOFFER AND OSMOND

As suggested in previous pages, the treatment of those suspected of possible schizophrenic tendencies and of those who manifest moderate depression, tension, anxiety, exhaustion, paranoid tendencies, etc., is essentially simple. These classes can be placed on massive niacin or nicotinamide and the results observed. The same goes for those who have physical ailments that appear to yield to the B-3 therapy. Whether niacin or nicotinamide should be used in such cases has already been indicated.

No extensive prediagnosis is required. Either the B-3 therapy brings some degree of recovery or it does not. If it does not, no harm is done. For emotional sufferers in this class, it is usually unwise to speculate with them whether they have schizophrenic tendencies. To be tagged offhand as schizophrenic will unnecessarily disturb them. Where schizo toxicity is mild, B-3 can quickly eliminate it in any case.

ACUTE AND CHRONIC CASES

In acute or chronic situations, diagnosis, preferably by the chemical or psychological test, is however of large importance. Here the physician should know whether the acute disturbance he is witnessing is the result of prior emotional "maladjustment" or whether it has been primarily produced by the schizophrenia toxin.

If the former, standard psychotherapy may be indicated. But if schizophrenia is the real situation, then the experience of Hoffer and Osmond strongly suggests a radically different approach. Here the schizophrenia toxin needs to be persistently counteracted, by very massive doses of niacin or nicotinamide. Supplementary medications, ECT, and so forth, are in order. Whether treated at home, or in hospitals, a radically different psychiatric approach seems to be badly needed, and there is now extensive evidence that this is indeed true.

To illustrate this briefly, here is a quotation from a book soon to be published by Dr. Hoffer entitled "How to Live with Schizophrenia":

"Very few doctors, psychiatrists and social workers seem to realize the shame, guilt and worry which build up in parents when told they are in some way to blame for the child's schizophrenic illness. The first thought may be to hide the patient and themselves from these accusations, and removal of the patient from the hospital may be a natural reaction. This only adds to their unhappiness, however, for now their conscience bothers them even more, making them less able than before to deal with the patient's disturbed behavior in the home.

"Let us assume, however, that the usual psychiatric treatment is undertaken while the patient remains at home. What does the patient think about all this? He has been giving the parents a difficult time. Naturally his parents have been treating him as if he were bad: lecturing, punishing, cajoling for so long that deep wells of resentment have been building up inside. For a long time, therefore, the patient has felt alone against the world.

"Suddenly he now finds someone who is on his side -- his psychiatrist, who seems to encourage free expression of the patient's anger. Indeed he may demand violent verbal expressions of hate and distrust. The patient gladly gives the psychiatrist what he asks for. But, unfortunately, this unburdening does not lighten his heart. It only nurtures his hostility against his parents until it boils over into the home.

"Instead of the patient being treated for a disease having a physical origin, we now witness a home divided into enemy camps. The parents are frightened and sometimes angry with the doctor. They are even more angry with the patient who has been causing them such a great deal of trouble. Worse still, the patient is increasingly resentful and angry, and cannot respond to treatment. For example:

"Brenda was 17 years old when she first came to us as a patient. She had become a victim of an insidious form of schizophrenia beginning about four years before. During that time, her behavior was such that the parents could only describe her as being immoral, difficult, unreasonable and many other things besides. It took them several years to realize that she was not simply ill-behaved, but was in fact seriously ill. They then placed her under psychiatric care.

"Her psychiatrist was well-known to us as one dedicated to the concept that all schizophrenics are ill because their mothers or fathers had brought them up the wrong way; an idea still widely popular among many of our colleagues, even though the hard evidence for this is apparently non-existent.

"So Brenda received psychotherapy, a 'talking-out treatment' for many months. She was encouraged to speak freely against her parents and to talk about any problem she could bring to mind. Placed in a hospital, she was still treated with this permissive type psychotherapy. Instead of getting better, she got worse. Her behavior which previously was merely bad, now became intolerable.

"She was then transferred to our care as a last resort before committing her. In our first interview, we informed her that she was ill; that she had schizophrenia and that she would be treated with nicotinic acid plus ECT. When she still spoke very angrily about her parents whom she blamed for all her difficulties, we told her that they were in no way responsible for her illness.

"She was treated for some months in this different way, and began making great improvements. When later discharged, her relations with her parents had already become good. She no longer voiced her delusional hostility against them. She has now remained well for nearly six years without requiring any further treatment. She still gets along very well with her parents.

"We have witnessed this sequence of events, time after time."

A.A. physicians will readily observe the parallels between this approach and the one we A.A.'s make to alcoholics. We tell the newcomer what alcoholism is, and encourage him to face the fact. He is told that alcoholism, at least in part, is a physical malady. We then suggest that he quit blaming himself, his parents and other circumstances that may have done him emotional damage in the past. We also

urge his relatives and parents to quit blaming themselves for the alcoholic's condition. To a considerable degree, our A.A. approach corresponds with those of Hoffer and Osmond.

It should be remembered, too, that both Hoffer and Osmond are themselves psychiatrists. Hence their changed views respecting psychiatric treatment for schizos are in no way based on professional ignorance of the prevalent psychiatric theories respecting the malady.

Since schizophrenia evidently is far more a physical illness than alcoholism, these attitudes of Hoffer and Osmond would seem to be all the more justified. The very considerable results already obtained by these Saskatchewan researchers appear to strongly support their present views.

PHYSICAL TREATMENT FOR SCHIZOPHRENICS AT
UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

Below is a relevant directive given by Dr. Hoffer to his staff:

Diagnosis:

- (a) Mental - in the usual way including HOD or psychological E. W.I. tests as indicated.
- (b) Physical - check for all abnormalities and correct. The presence of any defect reduces the patient's chance for recovery.

Classification of Patients

Type I consists of all out-patients, i.e. patients with schizophrenia who are still able to function in the community, and who can cooperate effectively in the treatment. (I suggest that all patients with the "mauve factor" (slight toxicity) should also belong in this class and I myself will hereafter so regard my own patients.)

Treatment, Type I: nicotinamide or nicotinic acid 3-6 grams per day by mouth for at least a month. If patient is excessively agitated, may add barbiturates or tranquilizers. If given these adjuncts, assess clinical conditions at least once per week and adjust doses of barbiturates and tranquilizers downward as quickly as possible. Librium is a good adjunct to nicotinic acid for extremely anxious patients -- 25-75 mg. per day. Patients will also receive ascorbic acid -- 3 grams per day throughout their treatment in hospital..

If patient responds (as shown by clinical state, subjective account and "HOD") keep on medication with vitamin for at least one year. At the end of the year, the patient may discontinue medication, but should be watched very carefully. At the first indication of relapse he should be started on the vitamin again.

Type II

- (a) All schizophrenic patients who have not responded to Type I treatment.
- (b) All schizophrenics who are admitted to hospital, excluding those who have formerly been housed in a mental hospital more than five years.

Treatment, Type II:

- (a) ECT, unmodified and without atropine, unless there are specific indications why it should be modified, e.g. old age, osteoporosis, etc. Mean series 8-10.
- (b) Nicotinic acid or amide 3-6 grams per day.

Treatment, non-specific:

- (a) Psychotherapy - supportive - analytic therapy has no proven value and often serves to fixate the patient on false causes. Psychotherapy should be similar to kind given all people who are ill in this hospital. Explain specific perceptual disorders to patient, if present.
- (b) Nutrition - ensure this is adequate in protein, calories, minerals and vitamins. Aim for a weight increase. Weigh once per week.
- (c) Education - if required. How to dress, apply make-up, cook, relate to other people, etc.
- (d) Ot and RT
- (e) Correct any physical defects:
 - 1. Pre-menstrual tension
 - 2. Infections
 - 3. Hormone deficiencies
 - 4. Others
- (f) Contra indications:
 - 1. Sympathomimetic amines
 - 2. Antidepressants -- these often give an apparent improvement because patient is activated, but this may be spurious. Depression in schizophrenia is usually a symptom of, and not a cause.

Conclusion:

Schizophrenic treatment for serious cases requires a sense of dedication from the physician. This illness should be given the same enduring care as is given to a patient with diabetes.

If this treatment program is followed one may expect:

- (a) A marked increase in the number of recoveries
- (b) A marked decrease in the number of relapses.

- (c) Sedatives or tranquilizers as needed as adjuncts, but under continuous control as in Type I.

Patient may be discharged one week after last ECT if he is well enough. Preparations for discharge should be halted if HOD or E.W.I. scores have not shown a major decrease. We will conference all patients intended for discharge if they have high scores. All patients should have HOD or E.W.I. as soon as discharge seems imminent. After discharge keep on vitamin at least one year, as in Type I.

Type III

- (a) All schizophrenics who have not responded to Type II treatment.

Treatment, Type III:

- (a) ECT as with Type II, but about 3-5 per patient.
- (b) Nicotinic acid 3-6 grams per day. (Note: nicotinamide not to be used here.)
- (c) Penicillamine 2 grams per day concurrent with ECT.

Continue penicillamine 10 days unless (1) temperature elevates to 103 F., (2) patient develops a rash or other allergic manifestations. Patient will lose most of these allergic changes in 24 hours.

After discharge continue as for Type II.

Type IV

All schizophrenics who have not responded to treatments I, II and III.

Treatment, Type IV:

There are several ways of dealing with failures of Type III treatment, in order of preference.

- (a) Out-patient ECT beginning with one each week for four weeks and then gradually expanding the interval between treatments. Maintain on nicotinic acid or amide.
- (b) Maintain on heavy doses of tranquilizer plus vitamin. This will help some, keep others out of hospital.
- (c) Or certify to mental hospital
- (d) Or make special research investigations.

BIBLIOGRAPHY

Hoffer (often collaborating with Osmond) has produced four books, and some 30 papers covering the whole range of the schizophrenia illness -- its research, its cause, its treatment, and the results attained. These books contain extensive references to medical papers -- their own and others.

1. Hoffer and Osmond, Chemical Basis of Clinical Psychiatry, Charles Thomas, Springfield, Illinois, 1960.
2. A. Hoffer, Niacin Therapy in Psychiatry, Charles Thomas, Springfield, Illinois, 1962. (Specially recommended. This work also discusses general uses of B-3.)
3. A. Hoffer, Nicotinic Acid and/or Nicotinamide for Treating Schizophrenia, University Hospital, Saskatoon, Sask. (Contains much research information; also follow-up reports on very difficult chronic cases.)
4. Hoffer and Osmond, How to Live with Schizophrenia. To be published in January 1966 by University Books, New Hyde Park, New York. (A most comprehensive and up to date work, specially recommended.)

* * *

References to Mark Altschule, the Harvard researcher who has independently confirmed the organic and toxic nature of schizophrenia:

1. Altschule, M.D. (1960), J. Neuropsychiatry 2, 71
2. Altschule (1962), American Psychiatric Association Annual Meeting, Toronto, Canada.
3. Altschule, Dis. Nerv. Syst. 23, 592
4. Altschule, NATO Conference on Molecular Mechanisms of Mental Disease. Norway, 1965. (See "Problems in the Measurement of Adrenochrome.")

Next follows a book by a layman, Gregory Stefan (not his real name), entitled "In Search of Sanity," University Books, 1601 Jericho Turnpike, New Hyde Park, New York. The author, a former patient of Hoffer and Osmond (and now some years recovered), presents a graphic picture of acute schizophrenia as he experienced the illness.

A pamphlet, What you Should know About Schizophrenia (.25¢) can be purchased from the American Schizophrenia Foundation, 204 Nickels Arcade, Ann Arbor, Michigan.

NIACIN AND NICOTINAMIDE WHOLESALERS

1. Canada

Jules R. Gilbert, Ltd., 3701 Dundas Street West, Toronto 9.

2. U.S.A. - West Coast

Kirkman Laboratories, Inc., N.E. 25th Avenue, Portland, Oregon
97208

3. U.S.A. - East Coast

Bell-Craig Pharmaceuticals, Inc., 41-14 27th Street, Long
Island City, New York